## Appendix 2 Supplementary tables [posted as supplied by author]

**Table A.** Summary of GRADE evidence for interventions using cognitive behavioural therapy with or without relapse prevention for *adults who* committed sexual offences against children

Outcome (baseline	No. of	Study	Risk of	Inconsistency	Indirectness	Imprecision	Publication	Effect	Quality of
risk level, mean	participants	type	bias				bias	size	evidence
follow-up time)	(no. of								
	studies)								
Sexual reoffence	484 (1)	RCT	0	-	-1	-2	0	0	+000
(moderate risk		++++							
offenders, 5 yrs)									
Sexual reoffence	362 (3)	OBS	-1	0	0	-1	0	0	+000
(lower risk		++00							
offenders, 3-5 yrs)									
Sexual reoffence	114 (1)	OBS	-1	-	-1	-1	0	0	+000
(higher risk		++00							
offenders, 5 yrs)									

**Note:** RCT=Randomised controlled trial, OBS=observational study.

The table specifies the basis for rating the evidence. A zero means no assessed risk of bias related to this point. A minus sign indicates that the issue was not possible to assess. Minus 1 or minus 2 indicate limitations that lower the quality of the evidence. In accordance with the GRADE system, it was not possible to achieve an overall evidence grade above ++++ (high quality of evidence), or a total evidence grade below +000 (very low quality of evidence).

## GRADE Quality of evidence factors include:

**Risk of bias**, which refers to limitations in study design or execution. Study design is critical to judgments about the quality of evidence.

Randomized trials without important limitations provide high quality evidence and observational studies without specific strengths or important limitations low quality evidence. Limitations or strengths, however, can modify evidence quality of both randomized trials and observational studies.

**Inconsistency** refers to an unexplained heterogeneity of results and arises from differences in populations (e.g. treatment may have larger relative effects in higher-risk populations), interventions (e.g. larger effects with higher drug doses) or outcomes (e.g. attenuated treatment effect with time).

**Indirectness** includes: 1) *indirect comparison* – when a comparison of intervention A with B is not available, but A is compared with C, and B with C; and 2) *indirect population, intervention, comparator, or outcome* – the question addressed by systematic review authors is different from available evidence regarding these four parameters.

Results are **imprecise** when studies include relatively few patients or events in relation to effect magnitudes, resulting in effect estimates with wide confidence intervals.

**Publication bias** is a systematic underestimate or an overestimate of a true underlying effect due to the selective publication of studies.

Large effect size. When methodologically strong observational studies yield large or very large and consistent estimates of the magnitude of a treatment or exposure effect, we may confide in the results. In those situations, weak study design is unlikely to explain all of the apparent benefits or harm, although observational studies likely overestimate true effects. The larger the magnitude of effect, the stronger becomes the evidence.

**Table B.** Summary of GRADE evidence ratings for multisystemic therapy and cognitive behavioural therapy, respectively, for *adolescent sexual offenders*.

Outcome (mean	No. of	Study	Risk of	Inconsistency	Indirectness	Imprecision	Publication	Effect	Quality of
follow-up time)	participants	type	bias				bias	size	evidence
	(no. of								
	studies)								
Sexual reoffence	48 (1)	RCT	0	-	-1	-1	-?	0	++00
(9 yrs)		++++							
Sexual reoffence	148 (1)	OBS	-1	-	-1	-1	0	0	+000
(16 yrs)		++00							

**Note:** RCT=Randomised controlled trial, OBS=observational study.

A zero means no assessed risk of bias related to this point. A minus sign indicates that the issue was not possible to assess. Minus 1 or minus 2 indicate limitations that lower the quality of the evidence. A minus sign and question mark indicates some deficiencies, but not great enough to lower the quality of the evidence. In accordance with the GRADE system, it was not possible to achieve an overall evidence grade above ++++ (high quality of evidence), or total evidence grade below +000 (very low quality of evidence).

For GRADE quality of evidence factors see footnote to Table A.

**Table C.** Summary of GRADE evidence ratings for cognitive behavioural therapy compared to group play therapy in *children with sexual behavioural problems directed against other children*.

Outcome (mean	No. of	Study	Risk of	Inconsistency	Indirectness	Imprecision	Publication	Effect	Quality of
follow-up time)	participants	type	bias				bias	size	evidence
	(no. of								
	studies)								
Sexual offence (10	135 (1)	RCT	0	-	-1	-2	0	0	+000
yrs)		++++							

**Note:** RCT = Randomised controlled trial.

A zero means no assessed risk of bias related to this point. A minus sign indicates that the issue was not possible to assess. Minus 1 or minus 2 indicate limitations that lower the quality of the evidence. In accordance with the GRADE system, it was not possible to achieve an overall evidence grade above ++++ (high quality of evidence), or total evidence grade below +000 (very low quality of evidence).

For GRADE quality of evidence factors see footnote to Table A.